

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

18 JAN 16 PM 1:52

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CHELSEA MANNING FOR U.S. SENATE

ADDRESS (number and street)

5801 NICHOLSON LANE

☐ (Check if address is changed)

SUITE 1910

NORTH BETHESDA

CITY ▲

MD

STATE ▲

20852

- 5739

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

CAMPAIGN@XYCHELSEA.IS

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

HTTPS://XYCHELSEA.IS/RUNNING

2. DATE

MM / DD / YYYY
01 / 05 / 2018

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MALLORY A. WOOD

Signature of Treasurer

Mallory Wood

Date

MM / DD / YYYY
01 / 05 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

CHELSEA E. MANNING

Candidate Party Affiliation

DEM

Office Sought:

☐

House

☒

Senate

☐

President

State

MD

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

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Write or Type Committee Name

CHELSEA MANNING FOR U.S. SENATE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

KELLY C. WRIGHT

Mailing Address

P.O. BOX 2168

ROCKVILLE

MD

20847

2168

Title or Position

CITY

STATE

ZIP CODE

COMMUNICATIONS DIRECTOR

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

MALLORY A. WOOD

Mailing Address

P.O. BOX 2168

ROCKVILLE

MD

20847

2168

Title or Position

CITY

STATE

ZIP CODE

FINANCE DIRECTOR

Telephone number

201006020001595

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

100 NORTH TRYON STREET

CHARLOTTE

NC

28255

- 4000

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

20110901100200911001002

Faxed
or
Hand Delivered

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

1/16/18
Date of Receipt

USPS FIRST CLASS MAIL

_____ Date of Receipt

_____ Postmark

USPS REGISTERED/CERTIFIED

_____ Postmark

USPS PRIORITY MAIL

_____ Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

☐

USPS EXPRESS MAIL

_____ Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

_____ Date of Receipt

POSTMARK ILLEGIBLE

☐

NO POSTMARK

☐

FAX

_____ Date of Receipt

OTHER

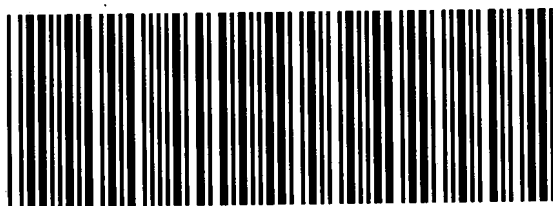
_____ Date of Receipt or Postmark

PREPARER

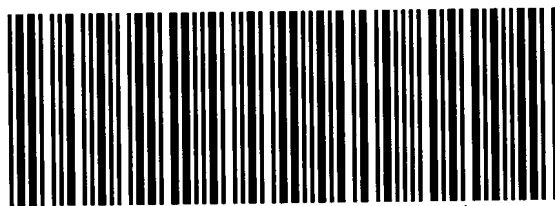
MN

DATE PREPARED

1/16/18



SEN PATCH



SEN PATCH

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